

Center for Medicaid and State Operations/Survey and Certification Group

**Ref: S&C-05-36**

**DATE:** June 22, 2005

**FROM:** Director  
Survey and Certification Group

**TO:** State Survey Agency Directors

**SUBJECT:** Assigning Provider Identification Numbers to Extension Locations of Outpatient Physical Therapy or Outpatient Speech Pathology Service Providers

**Letter Summary**

We are assigning provider identification numbers to Outpatient Physical Therapy or Outpatient Speech Pathology Services Providers.

Effective immediately, the Center for Medicare & Medicaid Services will begin assigning identification numbers to every existing extension location of an Outpatient Physical Therapy or Outpatient Speech Pathology Services (OPT/OSP) Provider. The identification system will be implemented nationally and will uniquely identify every extension location of every OPT/OSP provider certified to participate in the Medicare OPT/OSP program. It will also link the extension location to the primary site of the OPT/OSP provider.

Each extension location will be numbered with the same Federally-assigned provider number as the primary site with two modifications. There will be a "P" between the state code and four-digit provider designation plus three more digits for a 10-character extension location identifier.

The last three digits will allow us the capability of assigning up to 999 extension locations to one primary OPT/OSP site. Extension location identification numbers will be used only once. In the event that an OPT/OSP extension location closes, its unique extension location identification number is terminated and not re-used to identify another extension location of that OPT/OSP.

EXAMPLE:

- XYZ OPT/OSP in Louisiana has two extension locations.
- XYZ's Medicare Provider number is 196001
- XYZ's extension locations would be assigned the extension location numbers 19P6001001 and 19P6001002.

The programming in the Automated Survey Processing Environment (ASPEN) and the Online Survey Certification and Reporting (OSCAR) system to accommodate a Federal extension location identification system has been done and will be released to production with the ASPEN 8.5 release the week of June 27, 2005. An actual extension location field has been created in both the ASPEN and OSCAR systems. The addition of an extension location identification field will allow data entry of the extension location number into ASPEN and the upload of the extension location data to the OSCAR system.

**Assignment of Extension Location Identification Numbers**

As part of the ASPEN 8.5 release we will automatically assign an identifier and bulk upload to the OSCAR system OPT extension locations currently identified in ASPEN under the affiliations node that are open and are not flagged as licensure only.

As surveys are conducted, states should verify that the information they have on extension locations is current and accurate. It is incumbent upon the ROs to ensure that their respective State Survey Agencies (SAs) have entered into ASPEN all currently known extension locations by June 24, 2005, if you wish to have Central Office enumerate the existing extension locations.

Effective July 1, 2005, it will be the ROs responsibility to assign the identifier to OPT extension locations. ROs must assure that all extension locations nationwide are identified, enumerated and entered into ASPEN. As extension location identification numbers are assigned, the RO must ensure that OPT/OSPs and their respective extension locations are informed of the assigned extension location identification number(s). A sample letter is attached to this memorandum for use by the RO or SA to notify OPT/OSPs of the extension location identification numbers(s). At this time, the fiscal intermediaries are not in need of extension location information.

Although the extension locations will have their own identification numbers, all services provided at the extension locations will be billed under the OPT's primary Medicare Provider number.

For questions on this memo, please contact Georgia Johnson at (410) 786-6859 or e-mail at [gjohnson4@cms.hhs.gov](mailto:gjohnson4@cms.hhs.gov)

**Effective Date:** Immediately. Please ensure that all appropriate staff are fully informed within 30 days of the date of this memorandum, and disseminate the information to affected providers. Attached is an example of a notification letter..

**Training:** The information contained in this announcement should be shared with all survey and certification staff, their managers, the state/RO training coordinators.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)

Attachment

**Model Letter To OPTs Assigning Extension Location Numbers**

Dear OPT Administrator:

The Centers for Medicare & Medicaid Services (CMS) is assigning identification numbers to every existing extension location of a primary site outpatient therapy provider (OPT). The identification system is being implemented nationally and will uniquely identify every extension location of every OPT certified to participate in the Medicare outpatient therapy provider program. It will link the primary site to the extension locations.

Each extension location will be numbered with the same Federally assigned provider number as the primary site with two modifications. There will be a “**P**” between the state code and four-digit provider designation plus three more digits for a 10-character extension location identifier. Extension location identification numbers will be used only once. In the event that an OPT extension location closes, its unique extension location identification number is terminated and not re-used to identify another extension location of that OPT.

On the next page, please review the information we have on file for your primary site and take note of your assigned extension location identification numbers.

If you have any questions or concerns, or wish to submit additional information, please contact

Sincerely,

**THE NAME, ADDRESS AND MEDICARE PROVIDER NUMBER FOR YOUR  
PRIMARY SITE IS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provider Number: \_\_\_\_\_

The following are your extension locations and Federally-assigned extension location  
identification number(s) associated with the above primary site OPT:

**Extension Location Name and Address**

**Extension Location Identification Number**

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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5. \_\_\_\_\_

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6. \_\_\_\_\_

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7. \_\_\_\_\_

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8. \_\_\_\_\_

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